

DISTRIBUTION:

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1 COPY - DER/LABOR RELATIONS DIVISION
1 COPY - EMPLOYEE

CITY OF MILWAUKEE

FILE NO. _____

GRIEVANCE APPEAL**INSTRUCTIONS**

Complete the original and three copies. Please print or type. Give the original and one copy to the next higher authority to hear the grievance. Send one copy to the Labor Relations Division, Room 701, City Hall. Keep one copy for your records. Appeal must be within the time limits provided. If you have any questions call your union representative.

EMPLOYEE'S NAME	DATE OF GRIEVANCE INITIATION
DEPT. OR BUREAU	JOB TITLE
1. I WISH TO APPEAL THE GRIEVANCE DISPOSITION SIGNED BY: (SEE GRIEVANCE DISPOSITION, FORM CS-51) NAME TITLE DATE	
2. NATURE OF GRIEVANCE. (BE SPECIFIC AS TO NAMES, LOCATIONS AND DATES)	
3. WHAT PROVISION OF THE LABOR CONTRACT BETWEEN THE CITY AND YOUR UNION HAS BEEN VIOLATED? (SPECIFY CONTRACT ARTICLE AND SUB SECTION.)	
4. REASON FOR APPEAL	
EMPLOYEE'S SIGNATURE	DATE